

SECRET
(When Filled In)

NAME CHECK, DOCUMENT SERVICE, AND PARTIAL CONSOLIDATION REQUEST			
RID CONTROL NO. (Filled in by RID)		DATE (Submitted by requester) <i>20 July 1962</i>	
FROM: (Requester's name) ①	BRANCH SR/CA/E	ROOM 5B0003	EXTENSION 7168

TO	ROOM	DATE	INITIALS	CHECKING INSTRUCTIONS
RID/INDEX				DO NOT CHECK FNUS
REQUESTER			②	
RID/FILES				
REQUESTER			③	
RID/DRS				
RID/201				
RID/ANALYSIS				
RID/MIS				
RID/INDEX				

SUBJECT TO BE CHECKED	
SURNAME XX PIKOR, Katherine	GIVEN NAMES
SPELLING VARIATIONS	
AKA, ALIASES	OTHER IDENTIFYING DATA (Occupation, sex, CP membership, I. S. affiliations, etc.)
DATE AND PLACE OF BIRTH	DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE METHOD EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2007
CITIZENSHIP RESIDENCE Vienna, Austria	

RID/INDEX TO REQUESTER	COMMENTS
<input type="checkbox"/> NO PERTINENT IDENTIFIABLE INFORMATION	
<input type="checkbox"/> CARD REFERENCES ATTACHED	

BE SURE ALL SUBJECT INFORMATION IS CORRECT

- ① Type or print all entries.
- ② On receipt of index card reproductions: draw a green diagonal line across items you don't want RID to obtain for you.
- ③ Edit (use green) the Copyflo listing to reflect: (a) Cards to be destroyed (green D). Examples: referenced document has been destroyed; less informative than a retained card leading to the same information; referenced information not significant. (b) Corrections and additions, including ∞ when card reflects all facts in document. (c) OK all cards that are correct as typed.

Could this trace be consolidated into an existing or new file? ☐ yes ☐ no. (If yes, complete the following - no other form required.)

PARTIAL CONSOLIDATION	
<input type="checkbox"/>	number will be supplied by RID. If new <input type="checkbox"/> number has been obtained by desk, note it in this space.)
OTHER INTERESTED DESKS OR STATIONS	
CRYPTONYM ASSIGNED	FILE TO BE KEPT
YES <input type="checkbox"/> NO <input type="checkbox"/>	RID <input type="checkbox"/> DESK <input type="checkbox"/>
ACCESS RESTRICTED	
NO <input type="checkbox"/> YES <input type="checkbox"/>	
RESTRICTION (If any)	
ALWAYS RETURN THIS FORM WITH COPYFLO OF CARD REPRODUCTIONS. IF YOU HAVE REQUESTED A PARTIAL CONSOLIDATION, ALSO RETURN PERTINENT DOCUMENTS.	
DATE	SIGNATURE OF RECORDS OFFICER